

Alexi Giannoulas
Illinois State Treasurer
Attn. Time Deposit Section
300 West Jefferson
Springfield, IL 62702
Phone: 217/782-2072 Fax: 217/522-1217

Loan #:

Transaction Type: Time Deposit
 Deposit Amount: \$25,000.00
 Rebate Amount: \$1,000
 Deposit Rate: _____ %
 Loan Rate: _____ %

Date: e mail address:

The Treasurer's Office agrees to place on deposit in the forenamed financial institution \$25,000 at a rate 400 basis points below the listed Constant Maturity Treasury Rate (CMT) figure posted on the Treasurer's web site (www.treasurer.il.gov) for the applicable month. The deposit shall be for one year from the date of the close of the loan. In the event of a decline in interest rates likely to result in an effective rate of less than .5%, the Treasurer's office reserves the right, in its sole discretion, to maintain the deposit for two years rather than one year. Applications for deposit and attendant paperwork submitted to the Treasurer's office by the end of the 3rd business day of the month for all transactions of the previous month will result in deposits made by the end of the 8th business day of the month provided the proper documentation has been submitted and there is sufficient collateral, if applicable.

The financial institution certifies that the funds provided under this agreement shall be used for the eligible program purposes described in the related Deposit Application Form. The financial institution further agrees to comply with all legal requirements related to the deposit of State monies and with all policies and procedures implementing the "Cultivate Illinois: Green Rewards" program. The financial institution shall submit this Acknowledgement Form to the Office of the State Treasurer within thirty (30) days of the loan closure date together with the Application for Deposit both for the deposit funds and as evidence of adherence to program guidelines. The financial institution certifies that all statements and representations made herein and in the related documents are true and correct to the best of its knowledge and belief.

FINANCIAL INSTITUTION INFORMATION:

Name of Financial Institution:

Loan Officer: _____

Title: _____

Phone: _____ E mail: _____

Signature: _____

Date: _____